

Application Form
Setback Waiver/Fence Waiver Review
Maricopa County Department of Transportation
2901 W. Durango Street, Phoenix, AZ 85009
Office:(602) 506-8792 Fax:(602) 506-4009

1. Name: _____ Tel: (____) _____

2. Mailing Address: _____ Tel: (____) _____

_____ Tel: (____) _____

3. Location of Request: _____

4. Description of Request: _____

Applicant agrees to the conditions set forth below. *

Signature of Applicant ***(#1)**: _____

DO NOT FILL OUT ANYTHING BELOW THIS LINE

FOR COUNTY USE ONLY:

5. Copy of Property Deed Attached _____ Yes _____ No Sect._____, T_____ - R _____

6. Assessors Tax Parcel Book _____ Map _____ Parcel No. _____

7. Building Permit Number (If applicable) _____

8. Type of Request: (mark appropriate item(s))

a. _____ Road Setback Waiver:
_____ Full
_____ to _____ Reduction

b. _____ Fence Setback Waiver

_____ Fee **-\$75.00 per Alignment**

9. Fee: \$ _____ Receipt #: _____ Date: _____ Rec'd. By: _____

Comments: _____

***Conditions:**

(#1) Requires Applicant to be the current owner of property.

(Or legally authorized to represent the owner, proof must be submitted with this form)